

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553941		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL VIRGINIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SUSAN LANDERGAN 801 WYNDHURST DR LYNCHBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 11/8/2013</p> <p>SCC ID NO: 00043885</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 801 WYNDHURST DRIVE</p> <p>CITY/ST/ZIP: LYNCHBURG, VA 24502</p> </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: ROB K PEARSON JR TITLE: DIRECTOR ADDRESS: 801 WYNDHURST DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: KEITH HARKINS TITLE: PRESIDENT ADDRESS: 801 WYNDHURST DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: SUSAN LANDERGAN TITLE: S/CEO ADDRESS: 801 WYNDHURST DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
NAME: DICK STERNE TITLE: TREASURER ADDRESS: 801 WYNDHURST DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: MARY JANE PRYOR TITLE: VICE PRESIDENT ADDRESS: 801 WYNDHURST DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: ROBERT BABCOCK TITLE: DIRECTOR ADDRESS: 801 WYNDHURST DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	JACKIE BIBBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	SCOTT S BRABRAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	JASON BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	WILLIAM A CARRINGTON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	MIKE CHRISTIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	HERMAN CONE, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	ART COSTAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	PRESTON CRAIGHILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	CINDY FORREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	JENNIFER FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	WILLIAM H GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME:	TIM GROOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	CLARA B JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	PATTI S MCCUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	WALTER G MASON, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	ROBERT O'BRIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	VINCE PHELPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	PHIL SAULS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	MARC SCHEWEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	DAVID SHIELDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	DANIEL P THORNTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	VIRGINIA THORNTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME:	GORHAM B WOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	BUFORD DRISKILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	HONORARY		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	J.R. HARRIS, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	HONORARY		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	ELLEN P JAMERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	HONORARY		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	ROBERT C WOOD, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	HONORARY		
ADDRESS:	801 WYNDHURST DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KEITH HARKINS	KEITH HARKINS, PRESIDENT	11/8/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			